

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CARSON AMERICA

A. Full Name (Last, First, Middle Initial)
JEFF SABINE

Mailing Address 8012 NW 100 ST

City	State	Zip Code
OKLAHOMA CITY	OK	73162-5021

FEC ID number of contributing
federal political committee.

C

Name of Employer
MERCY HOSPITAL

Occupation
PHYSICIAN

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

Transaction ID : SA17.1068586

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		13		2015

CONTRIBUTION

Amount of Each Receipt this Period

100.00

[MEMO ITEM]

REDESIGNATION FROM PRIMARY

B. Full Name (Last, First, Middle Initial)
JEFF SABINE

Mailing Address 8012 NW 100 ST

City	State	Zip Code
OKLAHOMA CITY	OK	73162-5021

FEC ID number of contributing
federal political committee.

C

Name of Employer
MERCY HOSPITAL

Occupation
PHYSICIAN

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2800.00

Transaction ID : SA17.793421B

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		13		2015

CONTRIBUTION

Amount of Each Receipt this Period

-100.00

[MEMO ITEM]

REDESIGNATION TO GENERAL

C. Full Name (Last, First, Middle Initial)
KATHY SABINE

Mailing Address 8012 NW 100 ST

City	State	Zip Code
OKLAHOMA CITY	OK	73162-5021

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17.793420

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		29		2015

CONTRIBUTION

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....

2700.00

Total This Period (last page this line number only)